

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-021855  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 54

FILED JUN 21 1962

VS 300  
Rev. 4/59

6050

21050

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9420.1

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1290-2

131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BARRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BARRY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CASSVILLE</b>		c. CITY OR TOWN <b>CASSVILLE</b>	
Length of stay in 1b <b>3 yrs.</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>OLD EXETER ROAD</b>		d. STREET ADDRESS (If outside, give location) <b>OLD EXETER ROAD</b>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>ALBER</b> Last <b>KNOUSE</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>12</b> Year <b>1962</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH (last birthday) <b>10/12/91</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Journalist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>newspaper</b>	
11. BIRTHPLACE (City and state or country) <b>Gower, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John H. Knouse</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Whitt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWI</b>		17. INFORMANT <b>Alice Knouse, Cassville, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Artery Occlusion</b> DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>Unknown</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>5:43</b> a.m. <b>p.</b> Month, Day, Year <b>August, 1961</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Cassville, Mo.</b>	
21. I attended the deceased from <b>August, 1961</b> to <b>June 11, 1962</b> and last saw him alive on <b>June 11, 1962</b> . Death occurred at <b>5:43 p.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Grace E. Williams, D.O.</b>	
22b. ADDRESS <b>Cassville, Mo.</b>		22c. DATE SIGNED <b>6-13-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/15/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Allen Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Gower, Mo.</b>
24. FUNERAL DIRECTOR <b>Doyle E. Williamson, Cassville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-13-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>			

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1962

JUN 21 1962

Removal permit obtained 5/16

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ray C. Williams

Licensed Embalmer No. 4883

P. O. Address Cambridge, Mass

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.